

Saddleback Portable X-Ray
Phone: 714.835.2915
Fax: 714.543.3114

Radiology
ORDER REPORT

PATIENT'S NAME: Nirnoy Nasid Kamal	PATIENT'S ID: 14546	DATE OF BIRTH: 11-22-1991	SEX: Male	
ADDRESS: Nakhalpara, Mohakhali	CITY, STATE & ZIP: Dhaka, DH, 5400	PHONE NO: (912)557-7771		
ORDERING FACILITY: ASPC Douglas		ADDRESS: 6911 N. BDI Blvd		
CITY, STATE & ZIP: Douglas, AZ, 85607	PHONE NO: 46887654324	FAX: tyk	NPI:	
REQUESTED DATE/TIME OF SERVICE: 05-10-2017, 07:00			TECHNOLOGIST: TECH ONE	
REFERRING DR'S NAME: KAMRON AFLATOON	NPI:	PHONE NO:	FAX:	

CPT CODE #1: 72050	PROCEDURE #1: Cervical, 4 views	
CPT CODE #2: 72801	PROCEDURE #2: Spine 1view- any region	

SYMPTOMS:

MEDICARE #:	MEDICAID #:	INSURANCE CO. : Insurance Plan	POLICY GROUP/FECA #: 78909
--------------------	--------------------	---------------------------------------	-----------------------------------

PHYSICIAN'S SIGNATURE: _____ DATE: ____/____/____